APPENDIX III: FCCH RENEWAL LICENSE APPLICATION

OFFICE USE ONLY Licensing specialist:

STATE OF DELAWARE DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE LICENSING (OCCL)

FAMILY CHILD CARE HOME RENEWAL LICENSE APPLICATION

Please Print all responses.

Date received:

	License number:	License expiration da	ite:/			
SECTION A – Identificat	ion					
Applicant name:		D	ate of birth:		Rac	e:
Alias, maiden, or married	names this person has used:					
Location address:						
	(street)	(city)	(county)	(state)	(zip)
Applicant cell phone #:		Location phone #:				
Email address:		Fax #:				
	<u> </u>	nformation (optiona				
entity, the applicant must stil entity has been formed, check Entity name:	, LLC, or corporation that is resp l have responsibility for the facil k "individual" and leave the rest name:	ity, reside in the facilit of this section blank. Ent	y, provide the ch	ild care, and Individual Limited liab	control the	space. If no ration
	(street)					
 If the entity is a corpor Please submit: ☐ cer 	, provide on a separate page a ration, provide on a separate p tificate of incorporation or LL status (for example, letter of t	age a name, address .C, if applicable and	, and phone nur a Delaware	nber for eac state busine	ch corpora	te officer.
SECTION B - Additiona	l Information					
	(s) other than the applicant (arense/state ID is issued to the ad			nan 30 days	within a ye	ear, or whose
	Alias, maiden, or married nar	_		of birth	Race	Gender

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Please provide the email at which you prefer to receive the fingerprinted background check results from the Criminal Hist Unit (CHU). The results will contain confidential information about each person's eligibility for employment or to reside a licensed child care facility. CHU contact name: Email: SECTION C - Current Enrollment Child's name (FIRST NAME ONLY) Date of birth Days attending Hours attending each d Example: Dante 5/22/10 Monday - Friday 8:00 a.m 5:00 p.m. Example: Kate 11/6/09 Monday - Friday 7:00 a.m 8:15 a.m. 3:15 p.m 5:45 p.m. SECTION D - Program Information Hours of operation: Days of operation: Months of operation:	SECTION B – Ad	lditional Information, con	tinued						
Please provide the email at which you prefer to receive the fingerprinted background check results from the Criminal Historical CHU). The results will contain confidential information about each person's eligibility for employment or to reside a licensed child care facility. CHU contact name:									
Please provide the email at which you prefer to receive the fingerprinted background check results from the Criminal Hist Unit (CHU). The results will contain confidential information about each person's eligibility for employment or to reside a licensed child care facility. CHU contact name:	Full name			rth Race G	Emergency or non- emergency use				
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Child's name (FIRST NAME ONLY) Date of birth Days attending Hours attending each of the day Example: Dante 5/22/10 Monday - Friday 8:00 a.m 5:00 p.m.	Please provide the email at which you prefer to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person's eligibility for employment or to reside at								
Child's name (FIRST NAME ONLY) Date of birth Days attending Hours attending each of the standing of the standing each of the	CHU contact name	2:		Email:					
Example: Dante	SECTION C - Cu	rrent Enrollment							
Example: Kate	Child's name (FIRST NAME ONLY)	Date of birth	Days attending	Hours attending each day				
Example: Kate	Example:	Dante	5/22/10	Monday - Friday	8:00 a.m 5:00 p.m.				
Hours of operation:a.mp.m. or a.m. (circle one)	Example:	Kate	11/6/09	Monday - Friday					
Hours of operation:a.mp.m. or a.m. (circle one)									
Hours of operation: Days of operation: Months of operation: a.mp.m. or a.m. (circle one) T WThF SaSu January to December									
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Hours of operation: Days of operation: Months of operation: a.mp.m. or a.m. (circle one) T WThF SaSu January to December	SECTION D _ Pro	agram Information							
a.m. – p.m. or a.m. (circle one)		<u> </u>	Days of operation:		Months of operation:				
				Th 🗌 F 🗌 Sa 🔲 Su	☐ January to December				
_ ·					August to June to				
Ages of children accepted: (Use "kindergarten" for 5-year-olds attending kindergarten. Otherwise, use exact ages.) Example: From 6 weeks to 12 years From to to									
Program components:									
☐ Purchase of Care Transportation: ☐ field trips ☐ daily ☐ other									
Food program (CACFP) agency:									
Other (specify): Are you currently licensed or approved or applying to provide foster care or kinship care? Yes No	Ara von anmantle	licanced or anneous or ann	lying to provide feeter		□ Vac □ No				

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SECTION E – Certification and Signature

(seal)

- I have read, understand, and will follow DELACARE: Regulations for Family and Large Family Child Care Homes.
- I understand that the Department of Education, Office of Child Care Licensing, is required under Delaware law to make a thorough investigation to determine the good character and intention of the applicant or applicants, that the individual home or facility meets the physical, social, moral, mental and educational needs of the average child, that the required criminal background checks are completed and approved, and whether the regulations and requirements of OCCL are properly met. That may consist of announced or unannounced on-site review of the program and contacting of references submitted as well as other persons or agencies that may have information pertinent to making the determination that the applicant has met the requirements for licensing.
- I certify that to the best of my knowledge the applicant, substitutes, and household members do not have any conviction, current indictment, or current arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual offense; or gross irresponsibility or disregard for the safety of others. I further certify if I gain knowledge of any convictions, current indictments, or current arrests involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge, the applicant, substitute, and household members have not lost custody of their own child or any child placed in their care; been diagnosed or under treatment for any serious mental illness that limits the person's ability to perform child care or have access to children and cannot be addressed by a reasonable accommodation; or has a current or former addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving any of the persons cited above, I will promptly notify OCCL.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement
 action, non-compliances, and substantiated complaints will be made available to the public through a variety of means,
 including via the OCCL website.
- I agree to comply with all federal, state, and local laws and regulations.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

Signature of applicant from page 1		Date	
STATE OF DELAWARE) : SS COUNTY OF)			
Signed and attested before me this	Date		
Signature of notarial officer		Print name	

79